

EFS-3

## STATE OF OREGON

Corporation Division - UCI 255 Capitol St. NE, Suite 1: Salem, OR 97310-1327 (503)986-2200 Fax (503)373sos.oregon.gov/business



**EFS** 

N NO. 92285993-1 BIERLY FARMS LLC

## Statement Of Termination, Continuation, Assignment, Amendment PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

A. THIS STATEMENT REFERS	TO ORIGINAL FINANCING STA	ATEMENT NUMBER: 92285993	DATE FILED: 05/20/2020
This filing supersedes all prev	vious information associated with	this filing number. Please complete this fo	orm with all the current information.
B. TYPE OF AMENDMENT (CH		that they no longer claim interest under tA.	the financing statement bearing the file
	l within six months prior to expira	ation date.	
ASSIGNMENT. The Secured SECTION A.	Party assigns to the Assignee who	se name and address is shown in SECTION	NF and bearing the file number shown in
C. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST			Mark One: If Individual, list last name first.
1. Bierly Farms LLC			🔀 - Business 🔲 - Individual
2. Bierly, Jason Scott			🔲 - Business 🗵 - Individual
•			🗀 - Business 📋 - Individual
D. MAILING ADDRESS		<u>.</u>	
<sub>1.</sub> <u>19314 SW Tile Flat R</u>	d, Beaverton, OR 9700	)7	
2. 19314 SW Tile Flat R	d, Beaverton, OR 9700	<u> </u>	·
3			
E. SECURED PARTY NAME(S)	• •		
1. United States of Ame	rica acting through Farr	n Service Agency	
<sub>2.</sub> 650 Hawthorne Ave S	SE, Suite 130		
3. Salem, OR 97301			<u></u>
. ASSIGNEE NAME AND ADD	PRESS (If any)		·
1			
2			
3			
G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0204 (Hay)	-034	- ALL	- ALL
0103 (Oats)	- 034	- ALL	- ALL
)106 (Wheat)	- 034	- ALL	- ALL
0203 (Straw)	- 034	- ALL	- ALL
0202 (Haylage)	- 034	- ALL	- ALL
0306 (Fescue)	- 034	- ALL	- ALL
,			
Debtor		Secured Party	

The requirement that a document be signed, authorized or otherwise authenticated by the debtor is satisfied if the debtor has executed a

security agreement against a security interest in the farm products to the secured party ORS Chapter 80.115 (7).

RETURN

<sup>TO:</sup> Farm Service Agency 650 Hawthorne Ave SE, Ste. 130 Salem, OR 97301 **FEES** 

Make check for \$15.00 payable to "Corporation Division"

Note: Filing fees may be paid with VISA, MasterCard, American Express or Discover card. The card number and expiration date should be submitted on a separate sheet of paper for your protection.

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS